PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
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The property of the Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.									
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)							
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		3313-1134P ·							
Application Number 10/801,582-Conf. #2754		Filed March 17, 2004							
, in the second									
For STROLLER FRAME STRUCTURE									
Art Unit 3618		Examiner	C. Bottorff						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
The requested extension and fee are as follows (check t	ime period desi	red and enter the ap	opropriate fee below):						
	Fee	Small Entity Fee							
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00						
Two months (37 CFR 1.17(a)(2))	\$450	\$225							
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$						
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$						
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$						
X Applicant claims small entity status. See 37 CFR	1.27.								
X A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attact	hed								
The Director has already been authorized to charge fees in this application to a Deposit Account.									
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.									
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Lam the									
I am the applicant/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
x attorney or agent of record. Regis	stration Number	32,334	-						
attorney or agent under 37 CFR 1	.34.								
Registratio number if acting under									
The Mikenney Minus	April 6, 2006								
Signature		Date							
Joe McKinney Muncy			205-8026						
	Typed or printed hame Telephone Number								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total of 1 forms are submitted.									

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PTO/SB/17 (12-04v2)
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Under the Rang work	Under the Residence of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.								
Effective on 12/08/2004.		Complete if Known							
Fees pursuant to the Cons			Application Number 1		10/801,582-Conf. #2754				
FEE T	FEE TRANSMITTAL Filing Date			March 17, 2004					
					Huang-Yi CHENG				
<u> </u>	For FY 2005 Examiner Name			C. Bottorff					
X Applicant claims	small entity status. S	See 37 CFR 1.27	Art Unit 3		3618				
TOTAL AMOUNT OF	TOTAL AMOUNT OF PAYMENT (\$) 60.00			Attorney Docket No. 3313-1134P					
METHOD OF PAYMENT (check all that apply)									
x Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
	• •	s) or underpayment of	. H	any over	•	•	-		
	nder 37 CFR 1.16 a			any over,	Jaymente				
FEE CALCULATIO	N								
1. BASIC FILING, SEA	•								
			ARCH FEES	EXAMI	NATION FEES Small Entity				
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)		Fees !	Paid (\$)		
Utility	300	150 500		200	100				
Design	200	100 100	50	130	65				
Plant	200	100 300	150	160	80				
Reissue	300	150 500	250	600	300				
Provisional	200	100 0		0	0				
2. EXCESS CLAIM FE							Small Entity		
Fee Description						Fee (\$)	Fee (\$)		
Each claim over 20 (ir	icluding Reissues)	ı				50	25		
Each independent clai	m over 3 (includin	g Reissues)				200	100		
Multiple dependent cla	aims					360	180		
Total Claims E	xtra Claims Fe	ee (\$) Fee	Paid (\$)	<u>N</u>	Multiple Dependent Claims				
8 - 20 =	x	=		<u>F</u>	Fee (\$) Fee Paid (\$)				
					<u> </u>		_		
Indep. Claims E	xtra Claims Fe	ee (\$) Fee	Paid (\$)						
1 -3=	×								
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sheets		additional 50 or frac	ction there	of Fee (\$)	Fee	Paid (\$)		
		/50				- 	r ara ty,		
- 100 = /50 (round up to a whole number) x =									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 2251 Extension for response within first month 60.00									
SUBMITTED BY	$\frac{1}{\Lambda}$	A	Registration No.	20.224	T-1b	(702) 20	E 0006		
Signature	A 1 - 1	lineag	(Attorney/Agent)	32,334	Telephone	(703) 205-8026			
Name (Print/Type) Joe 1	McKinney Muhcy	1			Date	April 6, 2006			